

Public Protection

Department of Housing, Buildings and Construction Attn: Fire Protection Systems 101 Sea Hero Road Suite 100 Frankfort, Kentucky 40601-5405 Phone 502-573-0385 Fax 502-573-1598

Renewal Application for Fire Alarm Systems Certification

Picture

FAR#	
Applicant	Employer/Business
Name:	Name:
Address:	Street Address:
City:County	P.O. Box NoZip:
State:Zip:	City:County:
Phone: ()	State: Zip:
Social Security No.:	Phone: ()
Date of Birth:/	Federal I.D. #:
Month Day Year	Inspector's E-Mail Address:
() Send Mail to Home Address	() Send Mail to Business Address
 4. Enclose fee in the amount of \$50.00 5. Make check or money order payable to: <u>Kentucky</u> § 	State Treasurer
THIS SECTION MUST BE INITIALED:	
Association Authority). I understand that if I at cannot receive a Kentucky Fire Alarm Systems or The information on this application is accurate an	ent loans backed by the KHEAA (Kentucky Higher Education am in default of any student loans backed by the KHEAA, I r Fire Sprinkler Systems Certification at this time.
if issued.	denial or shall be grounds to revoke or suspend a certification
SIGNATURE:	

